

Authorisation form for automatic payments to the Downtown Community Ministry

Payer details (that's you!)

To the Manager,
(Name of your bank)
Branch
Address from/ (first payment date). or
Name of account
Account details Bank Branch number Account number Suffix Ministry, Inc.
Details to appear on your bank statement
Particulars Code Reference
Frequency and amount
Until further notice (tick) _ or First* payment date/ Last* payment date/
(tick) Fortnightly Four weekly Monthly Specify other period
Fixed amount: Amount \$ Amount in words
VariableFirst* amount:Amount \$Amount in wordsLast* amount:Amount \$Amount in words
Payee details (that's DCM)
Pay to the credit of:
WestpacTrust, Ghuznee Street Branch.
Downtown Community Ministry 0 3 0 5 5 8 0 0 6 0 3 4 4 0 0
Details to appear on DCM's bank statement
Write in these boxes; your name(s), followed by the frequency of the payments
Authorisation 1, Please make this automatic payment as detailed above by debiting my/our account. 2, I/We understand and accept that the Bank accepts this authority only on the conditions overleaf. Name of account - customer (business/Personal) delete one.
Please turn over
Your signature contact phone no. date/ Your signature contact phone no. date/